



ACH CREDIT AUTHORIZATION AGREEMENT

www.QCCommunityFoundation.org

In order to be considered complete, this form MUST be accompanied with one of the following to verify proof of account ownership: voided check, bank statement, deposit ticket.

BUSINESS OR INDIVIDUAL INFORMATION

_____ Organization or Business (if applicable)		_____ Name of ACH Contact Person	
_____ Address		_____ Title of ACH Contact Person (if applicable)	
_____ City		_____ Phone Number of ACH Contact Person	
_____ State	_____ Zip	_____ ACH Confirmation Email Address	
_____ Name of Development Officer (if different from above)		_____ Development Officer Email Address	

I hereby authorize the Quad Cities Community Foundation (the Community Foundation) to initiate credit entries to our checking account indicated below at the depository financial institution (DFI) named below and to credit the same to such account. The Community Foundation is authorized to reverse the full amount of any credit made in error. If a reversal action is required, the Community Foundation will notify the receiver of the error and reason for reversal. I acknowledge that the origination of ACH transactions to our account must comply with the provisions of US law.

ACCOUNT INFORMATION

Bank Name

Transit Routing Number Account Number

I have included a copy of proof of account ownership, as requested at the top of this form.

This authorization is to remain in full force until the Community Foundation has received written notification from us of its termination in such time and in such manner as to afford the Community Foundation reasonable opportunity to act on it.

PERSONAL INFORMATION

_____ Authorization (Print)	_____ Title (Print)
_____ Authorization Signature on Account	_____ Date